

REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS	Application No.	10/604,090
	Filing Date	06/25/03
	Patent No.	7,437,323
	Issue Date	10/14/08
	First Named Inventor	Theodore V. Valkov
	Art Unit	3691
	Examiner's Name	Zecher, Michael
Atty. Docket No.	PROS1120	

To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

☐ All the attorneys/agents of record
☐ The attorneys/agents (with registration numbers) listed on the attached papers(s), or
☒ The attorneys/agents associated with Customer Number **44654**

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are:

Applicant requested file be transferred to new counsel

CORRESPONDENCE ADDRESS

1. ☐ The correspondence address is NOT affected by this withdrawal
2. ☒ Change the correspondence address and direct all future correspondence to:

☐ The address associated with Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Stephen W. Palan CROWELL & MORING LLP		
Address	1001 Pennsylvania Ave.		
City	Washington	State DC	Zip 20004-2595
Country	U.S.		
Telephone	202-624-2710	Email	www.crowell.com
Signature	<i>Katharina W. Schuster</i>		
Name	Katharina W. Schuster	Reg. No.	50,000
Date	April 5, 2010	Telephone No.	512-637-9220

NOTE: Withdrawal is effective when approved rather than received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.